



## PLANS REVIEW SUBMITTAL FORM

Department of Commerce and Insurance  
State Fire Marshal's Office  
Division of Fire Prevention  
Codes Enforcement Section  
500 James Robertson Parkway  
Third Floor, Davy Crockett Tower  
Nashville, TN 37243-1162  
615-741-7190 --- 615-253-3267 (fax)  
[www.state.tn.us/commerce/sfm/fpcesect.html](http://www.state.tn.us/commerce/sfm/fpcesect.html)

PRSF 2006 Codes



TFM #: \_\_\_\_\_  
TN Fire Marshal

SBC #: \_\_\_\_\_  
State Bldg Commission

### INFORMATION TO BE PROVIDED BY DESIGNER

Complete information in Part A for all projects. Also complete Part B for Daycare.

#### PART A (For all Projects)

##### PROJECT NAME

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTY \_\_\_\_\_

Is this project within the City Limits or Planning Region? Yes ☐ No ☐

Is this building to be State-owned or State-leased? Yes ☐ No ☐

State Department Name and Address that will lease bldg. \_\_\_\_\_

Name, Address, phone # of Lessor Contact \_\_\_\_\_

Rule 0780-2-2-.01(c) states in part, for state buildings, educational occupancies and any other occupancy requiring an inspection by the state fire marshal for initial licensure as defined by the 2006 edition of the International Building Code, Life Safety Code (NFPA 101-2006) 2006 edition.

☐ 2006 IBC ☐ 2006 IFC ☐ 2006 NFPA 101 Occupancy Group (IBC) \_\_\_\_\_  
Occupancy (NFPA 101) \_\_\_\_\_

For other occupancies required to be reviewed and approved by this office:

☐ 2006 IBC ☐ 2006 IFC Occupancy Group (IBC) \_\_\_\_\_

Approximate date of construction start \_\_\_\_\_ Anticipated date of completion \_\_\_\_\_

Construction Type (as defined by the **International Building Code, 2006 edition**): (Check One)

**New** IA ☐ IB ☐ IIA ☐ IIB ☐ IIIA ☐ IIIB ☐ IV ☐ VA ☐ VB ☐ Sprinklered Y ☐ N ☐

**Existing** IA ☐ IB ☐ IIA ☐ IIB ☐ IIIA ☐ IIIB ☐ IV ☐ VA ☐ VB ☐ Sprinklered Y ☐ N ☐

HEIGHT: New \_\_\_\_\_ NUMBER OF STORIES New \_\_\_\_\_  
Existing \_\_\_\_\_ Existing \_\_\_\_\_

If project includes an existing building, please include original construction date including any additions (explain).

If building is sprinklered, what is the approximate age of the sprinkler system or systems? \_\_\_\_\_ years.

Building Area (as defined by the **International Building Code, Section 502, 2006 edition**):

New Construction \_\_\_\_\_ square feet per largest floor. Total (all floors) \_\_\_\_\_ square feet.

Existing Construction \_\_\_\_\_ square feet per largest floor. Total (all floors) \_\_\_\_\_ square feet.

**OWNER** \_\_\_\_\_ **TELEPHONE** \_\_\_\_\_  
OPERATOR/DIRECTOR (If different from owner.) \_\_\_\_\_ FAX \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
**E-MAIL ADDRESS** \_\_\_\_\_

**ARCHITECT/ENGINEER** \_\_\_\_\_ **REGISTRATION NUMBER** \_\_\_\_\_  
FIRM \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
**E-MAIL ADDRESS** \_\_\_\_\_  
Will architect provide construction administration? Yes ☐ No ☐

**LOCAL BUILDING OFFICIAL** \_\_\_\_\_ **TELEPHONE NUMBER** \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
**E-MAIL ADDRESS** \_\_\_\_\_

**LOCAL FIRE OFFICIAL** \_\_\_\_\_ **TELEPHONE NUMBER** \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_ FAX \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
**E-MAIL ADDRESS:** \_\_\_\_\_

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**PART B** (for Daycare (NFPA) or I-4 (IBC))

DHS Licensing Counselor \_\_\_\_\_

Maximum Enrollment \_\_\_\_\_ Age of children served from \_\_\_\_\_ ☐ mo ☐ yrs to \_\_\_\_\_ yrs

Number of children younger than 2 ½ years \_\_\_\_\_

Will construction or renovation area meet state adopted accessibility codes? Yes ☐ No ☐

NOTE: Facility must comply with state adopted accessibility codes if state owned, state leased, or located in a public education occupancy.

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Is this submittal made in order to receive a No Review Required letter? ☐ Yes ☐ No

*In accordance with Rule 0780-2-3-.03(c) of the Rules and Regulations of the State of Tennessee, I hereby certify that, to the best of my knowledge and belief, the total construction cost (excluding land cost and site preparation) of this project will be: (The State reserves the right to request verification of costs.)*

Estimated Cost of Construction \$ \_\_\_\_\_

Amount of Fee Due (see table to calculate) \$ \_\_\_\_\_

**THIS FEE IS PAYABLE AT THE TIME OF INTIAL SUBMISSION OF PLANS AND SPECIFICATIONS.  
NO REVIEWS WILL BE DONE UNTIL THE FEE IS PAID IN FULL.**

**Note: Tennessee Fire Marshal review project files (TFMs) are assigned to individual buildings. A separate submittal form and check must be provided for each project and physical address even if they are all presented and bid as a single capital project. An example of this would be a fire alarm upgrade involving several buildings and a single owner's campus.**

**TO RECEIVE A CERTIFICATE OF OCCUPANCY, SEALED BUILDING PLANS MUST BE REVIEWED AND APPROVED PRIOR TO THE START OF ANY CONSTRUCTION OR RENOVATION WORK. (The building cannot be occupied without a certificate of occupancy from this office.)**

\_\_\_\_\_  
Type or Print Owner/Authorized Representative

\_\_\_\_\_  
Signature and Date

If owner is a State agency, and the Project has a State Building Commission (SBC) Number, **do not** enclose payment. Owner agency will be journal vouchered. If owner is the University of Tennessee **do not** enclose payment. U.T. will be invoiced. Otherwise, **fee is payable** when plans are submitted. Make check payable to the Department of Commerce and Insurance.

**WHEN CALCULATING THE FEE, ROUND THE CONSTRUCTION COST UP TO THE NEAREST ONE-THOUSAND DOLLARS (E.G., \$125,101.00 TO 126,000.00). THE FEE SHALL BE CALCULATED USING THE ROUNDED CONSTRUCTION COST. THE FEE SHALL BE PAID IN FULL. SUBMIT TWO COPIES OF PLANS AND ONE COPY OF SPECIFICATIONS SEALED (WITH SIGNATURE AND DATE).**

#### **FEE CALCULATION**

##### **ESTIMATED CONSTRUCTION COST**

\$1,000,000 OR LESS

\$1,000,001 OR GREATER

##### **TO CALCULATE FEE**

\$2.50 per thousand or fraction thereof. (\$250.00 minimum)  
(\$200.00 minimum for State owned building or educational  
occupancy in exempt jurisdiction)

\$2,500.00 for the first \$1,000,000.00 plus \$2.00 for each  
additional thousand or fraction thereof. (there is no  
maximum)

Where a permit fee for construction will be paid to a local government which has an exempt status, fees for day cares, schools, and State owned buildings will be reduced by one-half. Documentation of payment may be required.

**The fee is \$100.00 for a "No Review Required" letter.**

## STATE EXEMPTIONS GRANTED 10/01/08

Alcoa	*Franklin	Millington
Athens	*Gatlinburg	Montgomery County
Bartlett	Goodlettsville	Murfreesboro
Brentwood	Hendersonville	Nashville/Davidson County (Oak
Bristol	Jackson	Hill, Belle Meade, Forest Hills,
Chattanooga	Johnson City	Berry Hill, & Lakewood not
*Clarksville	Kingsport	included)
Cleveland	Knox County	*Oak Ridge
Collierville	Knoxville	Paris
Columbia	Lebanon	Pigeon Forge
Cookeville	*Madison County	*Sevierville
Dyersburg	Maryville	White House
Farragut	Memphis/Shelby County	

**\*Review fee is not to be reduced by one-half.**

**SPECIAL NOTE:** In the above exempt jurisdictions, only State owned buildings, day cares, and schools through twelfth grade must be approved by the Division of Fire Prevention. Outside the above exempt jurisdictions, plans for the preceding occupancies, and plans for assemblies of 300 or more, three or more story buildings used for residential or business occupancy, correctional facilities, enclosed malls, high hazard industrial occupancies, and two story residential occupancies with twelve (12) units or more must be submitted to and reviewed by the Division of Fire Prevention.